UR Medicine Recovery Center of Excellence

Response to the Pandemic for Persons with Substance Use Disorder: What Works

HRSA Rural Communities Opioid Response Program (RCORP)

Rural Center of Excellence in Substance Use Disorder

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MEDICINE *of* THE HIGHEST ORDER

Presenters

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UR Medicine Recovery Center of Excellence: Service Area

- Partnering with 23 counties in Appalachian KY, OH, NY, and WV
- Support and resources for rural communities across the U.S.

Medicine of the Highest Order

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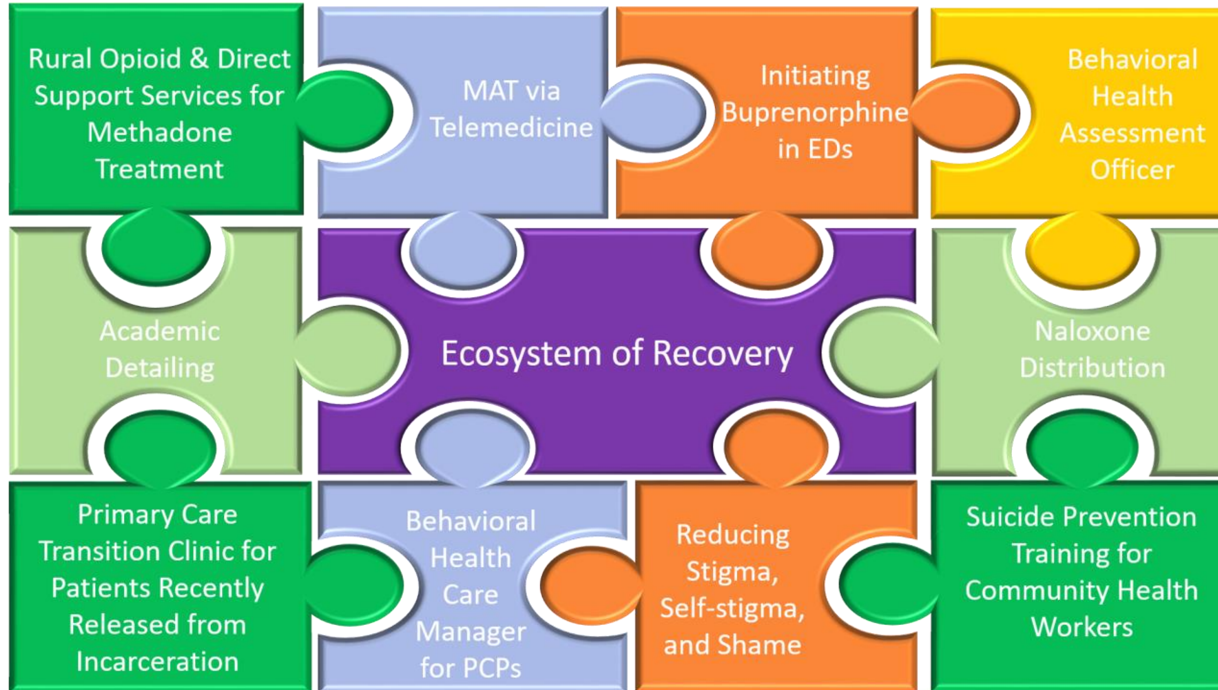
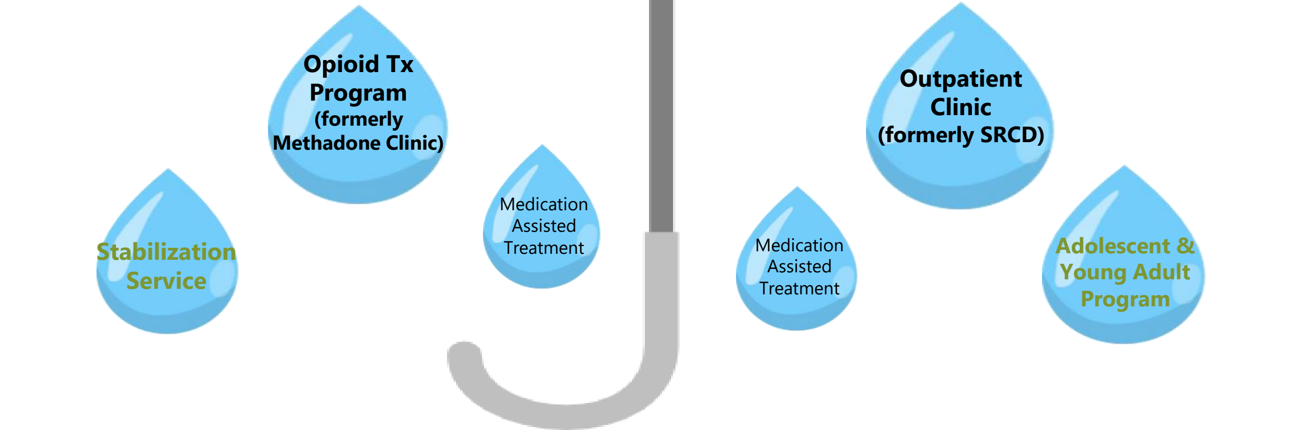
Reducing morbidity, mortality & other harmful effects of substance use disorder (SUD)—particularly from synthetic opioids—by combining CDC evidence-based practices[1] with emerging best practices from Appalachian partners to provide new rural-focused resources and hands-on technical assistance



STRONG RECOVERY
(CCBHC)



For Referrals to any Strong Recovery Service, Call 585-275-3161

SNAPSHOT OF STRONG RECOVERY

Staffing:

Currently 72 Total Staff + Faculty

Actively Treating 905 Patients

- Age Range:

  Youngest 15 y.o. (AYA)

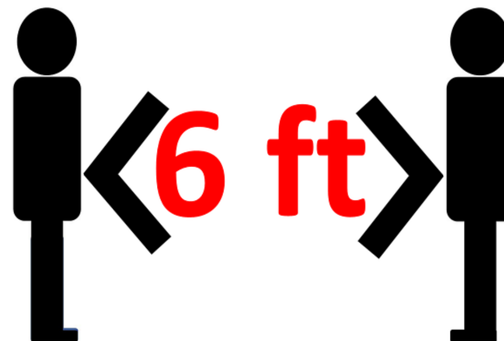
  Oldest 73 y.o. (OTP)

- UOS (*CY 2019): 131,777

- *Assessments*
- *Ancillary Withdrawal Mgt (Stabilization)*
- *Medication-Assisted Treatment (MAT)*
- *Primary Care Screening & Monitoring*
- *Substance Use Disorder (SUD) Services*
- *Co-Occurring Disorder (COD) Services*
- *Family Services*
- *Specialty Groups*
- *Sobriedad Fuerte*
- *Re-Entry/CRJ*
- *Continuing Care Services*
- *Embedded Mental Health Services*
- *Outreach Services*
  - *Targeted case management*
  - *Psychiatric rehabilitation services (Voc/Ed)*
  - *Peer support services*

Treating Substance Use Disorder in the Age of COVID-19

- Curbside methadone dispensing
- Touchless naloxone kit distribution
- Group therapy via videoconferencing



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Curbside Methadone Dispensing

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Delivering Medication at Strong Recovery

What Can We Do Now? Communicating with Patients

- Share changes to clinic hours/days clearly
- Advise about travel lockdowns, shelter-in-place, etc.
- Explain about types of care: telemedicine, delivery, curbside, in-person
- Teach patients about protecting medication from theft
- Plan for supply of PPE needed for staff
- Update patient files and confirm emergency contacts
- Prepare signs/posters

Image by GraphicLoads.

Recap: Delivering Medication

- Move to take-home medications when possible
- Consider methadone dispensing curbside or in alternative locations
- Plan for maintaining medication stock with new procedures
- Think about delivery of medication to quarantined or homebound patients
- Provide medication safety education
- **Be sure to distribute naloxone kits**

Image by GraphicLoads.

Touchless Opioid Overdose Prevention (Naloxone Distribution)

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Naloxone kits: A ‘Critical Tool’

- “Naloxone is a critical tool for individuals, families, first responders and communities to help reduce opioid overdose deaths. Access to naloxone, however, continues to be limited in some communities.”[2]
- “Naloxone … carries no risk of abuse and has no effect on individuals who do not already have opioids in their system.”[3]
- A systematic review of naloxone distribution programs found they lead to reduced opioid overdose mortality in communities; adverse events are rare and more than offset by benefits.[4]
- “From 1996 through June 2014, surveyed organizations … received reports of 26,463 overdose reversals” from naloxone kits provided to laypersons.[5]

Image by GraphicLoads.

Challenges to Implementation in Rural Communities

Physical locations traditionally used for naloxone training and distribution may not fully address travel and privacy concerns.

Additionally, we are now faced with coronavirus risks and potential increase in overdoses during the pandemic.[6]

Remote training and touchless distribution can:

- Reduce need for travel
- Offer privacy
- Align with social distancing

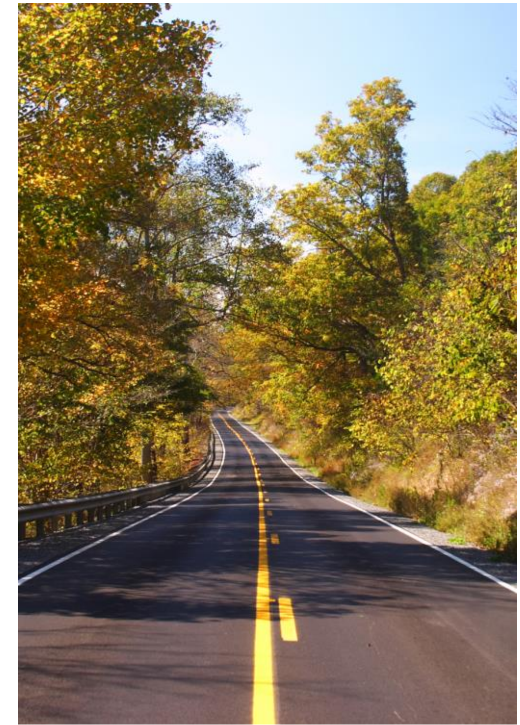


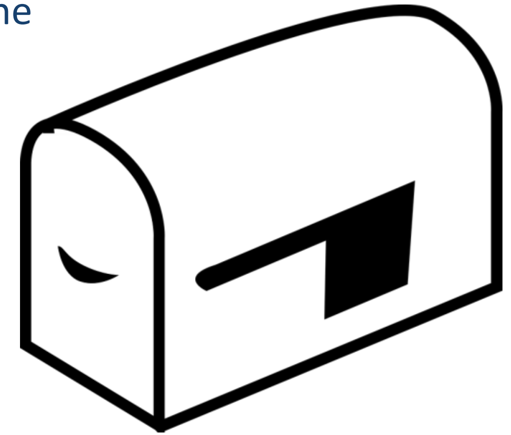
Photo by John Brueske. Source: Shutterstock.

Touchless Distribution of Naloxone Kits

Targeted distribution—to people likely to experience or witness overdose[7]

Touchless approaches programs can consider:

- Doing naloxone training by videoconferencing or even by phone
- Mailing naloxone
- Curbside pickup
- Home delivery/drop-off
- Vending machines



Individuals can also use touchless options through pharmacies:

- Drive-through pickup
- By mail

Image by Clker-Free-Vector-Images. Source: Pixabay.

Getting Started: Questions for Administration

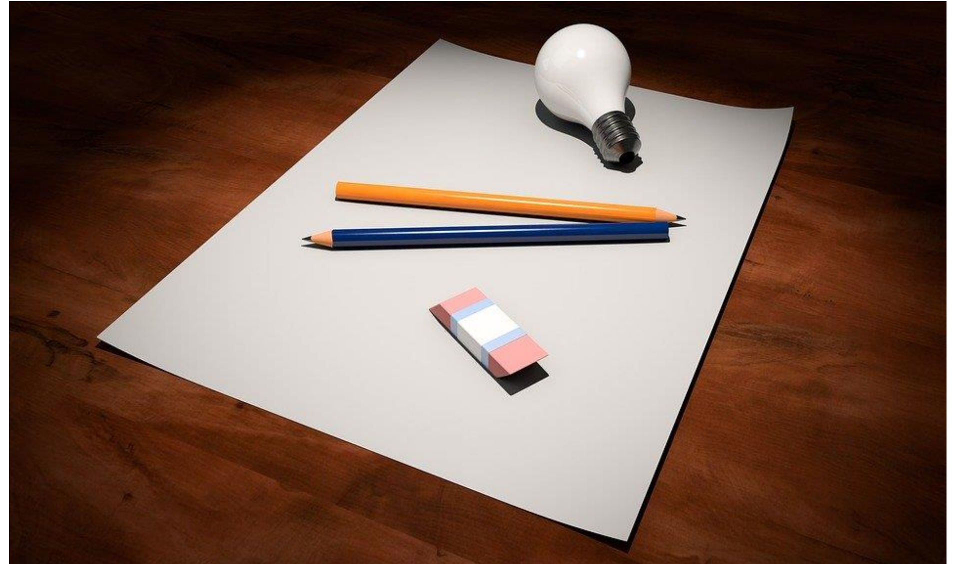
Step 1: How can we get trained ourselves?

Step 2: How can we become a registered program in our state?

Step 3: How can we get naloxone?

Step 4: What should training for community members cover?

Step 5: How can we distribute naloxone to people who have been trained?



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Group Therapy in Times of COVID

Transitioning our greatest strength: in-person group therapy to video group therapy

(with help from our neighbors)

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HOW DID WE DO IT?

- We found no evidence-based literature specific to development of video groups, though there was some information about using telemedicine for medication assisted therapy for opioid use disorder.[8]
- Clerical staff had to learn about the changes needed in our EMR and the process to schedule video sessions.
- Surveyed staff to best understand the needs of our patients for video group therapy.
- There is a separate "host" who assists the therapist with the chat box and addresses needs of patients such as a crisis need, technological help, reminders to mute/turn off video, etc. (Hosts introduce themselves at the beginning of each group and review their role).
  - The chat box goes to the host, not to the counselor (patients to only use it when necessary).
  - Patients should be participating verbally during the session rather than using the chat feature.

Settings

There are many technology settings to understand about video groups as well as boundaries and group norms.

Examples:

1) Private chats are turned off.
2) A new link is sent out weekly for each group.
3) Waiting room feature is used.
4) Patients can’t use their full name in the session.
5) Group norms regarding confidentiality are applied.
6) The location of the patient is established in the beginning (by having them write their address in the chat box that goes directly to the host).

Successes and Challenges

- We have increased the number of patients who successfully attend a video group.
- Weekly huddle with hosts, therapist and clerical staff to problem solve.
- Biggest challenge is patients reporting the link does not work. Therapists, hosts, and clerical have reached out to patients to help troubleshoot, and often patients are able to gain access using the Meeting ID number.
- New link weekly for increased privacy.
- Safe space for patients to participate.

We look forward to your input and questions!

UR Medicine Recovery Center of Excellence

Technical Assistance Center

- Phone: 1-844-263-8762 (1-844-COE-URMC)
- Email: URMedicine_Recovery@urmc.Rochester.edu

Website: recoverycenterofexcellence.org

Twitter: @URMC_Recovery

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References

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